Indiana Health Coverage Programs (IHCP) Presumptive Eligibility (PE) Standards

Caution: The PE member application system is a live production environment. Providers should not create test cases and use the live application for training purposes.

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Family Size		Parents/ Caretakers		13% FPL Infants Inder age 1)	163% FPL Children (Under Age 19)	138% FPL Adults (Ages 19–64) HA	213% FPL Pregnant Women		146% FPL Family Planning HF		Former Foster Care Children (Ages 18–25)
•		HP						PN			H1
1	\$	152	\$	2,528	\$ 1,920	\$ 1,616		N/A	\$	1,714	N/A
2	\$	247	\$	3,419	\$ 2,597	\$ 2,186	\$	3,419	\$	2,318	N/A
3	\$	310	\$	4,310	\$ 3,274	\$ 2,756	\$	4,310	\$	2,922	N/A
4	\$	373	\$	5,200	\$ 3,950	\$ 3,325	\$	5,200	\$	3,525	N/A
5	\$	435	\$	6,091	\$ 4,627	\$ 3,895	\$	6,091	\$	4,129	N/A
6	\$	498	\$	6,982	\$ 5,304	\$ 4,465	\$	6,982	\$	4,733	N/A
7	\$	561	\$	7,873	\$ 5,981	\$ 5,035	\$	7,873	\$	5,337	N/A
G	enera	l Presumpt	ive El	igibility Ap	plicant Require	ments		F	PE Ad	ult Requir	ements
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All PE individuals must complete an *Indiana Application for Health Coverage*, which can be done as follows:

- $\bullet \;\;$ At the provider where they were found presumptively eligible
- Online at the Family and Social Services Administration Benefits Portal at fssabenefits.in.gov/bp/#
- Over the phone by calling 800-403-0864
- At a Division of Family Resources (DFR) local office (See the Find My Local DFR Office webpage.)

For More Information on Presumptive Eligibility

 $For more information, see the \ \underline{\textit{Presumptive Eligibility}}\ provider\ reference\ module\ available\ at\ in.gov/medicaid/providers.$